

## Sample\* Staff-Administered TARGETED Health Risk Profile - SF

Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_ Female \_\_\_ ID#: \_\_\_\_\_

Ethnicity: \_\_\_ White (not of Hispanic origin) \_\_\_ Hispanic \_\_\_ African American (not of Hispanic origin) \_\_\_ Native American \_\_\_ Asian/Pacific Islander Other: \_\_\_\_\_

Targeted HRP-SF (short form): Annual Assessment and Preventive Health Care Plan

At Risk?	Health Indicator	Annual Assessment of Risk Factors (Based on USPSTF report and recommendations)	Ed. T
Y N	1. <b>Weight</b>	___ Above healthy weight range for height, or ___ BMI greater than 25.	
Y N	2. <b>Blood Pressure</b>	___ Above healthy weight range. ___ Does not get 30 minutes of exercise most days of the week. ___ First degree family history of high blood pressure or personal history of hypertension.	
Y N	3. <b>Cholesterol</b>	___ Male aged 35-65, screen periodically. ___ Female aged 45-65, screen periodically.	
Y N	4. <b>Tobacco Use</b>	___ Currently smokes cigarettes, cigars or pipes or uses smokeless tobacco.	
Y N	5. <b>Diabetes</b>	___ Age 40 <b>and</b> overweight, <b>or</b> at high-risk for diabetes due to: ___ Has a parent, sister or brother with diabetes, or ___ Is a member of a high risk ethnic group. African/Native American, Hispanic)	
Y N	6. <b>Vaccine Preventable Diseases</b>	Needs the following immunizations: ___ Tetanus-diphtheria booster - Ten or more years since last booster ___ Influenza - 65 or older or high-risk ___ Pneumovax - 65 or older or high risk ___ Rubella - Non-immune female of child-bearing age ___ Hepatitis B - Member of a high risk group and not immunized/immune	
Y N	7. <b>Cancer</b> <u>Colorectal Cancer</u>	___ Age 50 or older and has not been offered screening with a sigmoidoscopy or a FOBT test within the last year or more.	
Y N	<u>Prostate Cancer</u>	___ Age 50 or older and has not received counseling on risks/benefits of screening.	
Y N	<u>Mammogram</u>	___ Age 50 to 69, and has not had a mammogram within the last one to two years.	
Y N	<u>Pap Smear</u>	___ 3 or more years since last Pap smear.	

\*Inclusion/omission does not imply that the Texas Department of Health endorses or rejects a specific recommendation or authority opinion.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by clinician: \_\_\_\_\_ Date: \_\_\_\_\_

**Put Prevention Into Practice-PPIP**

[www.tdh.state.tx.us/ppip/index.htm](http://www.tdh.state.tx.us/ppip/index.htm)

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AHP -3/99